

**ESSENTIAL PAYROLL DATA FOR EVACUATED CIVILIAN EMPLOYEE***(Title 5 U.S. Code 5521-5527 and E.O. 10982, 25 Dec 61)*

For use of this form, see AR 37-105; the proponent agency is USAFAC.

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

AUTHORITY: Title 5, US Code 5521-5527 and E.O. 10982.  
PRINCIPLE USES: To provide necessary payroll information for evacuated civilian employees.  
ROUTINE USES: The payroll data will become part of the pay system records. It will be used as the basis for payment to evacuated civilian employees, their family members or designated representatives as of date of an evacuation order.  
DISCLOSURE: Disclosure in voluntary. Failure to complete this form will result in non-payment of compensation due.

NAME OF EVACUATED CIVILIAN EMPLOYEE	SOCIAL SECURITY NO.	POSITION TITLE	GRADE AND STEP
NAME OF EMPLOYING OFFICE	CUSTODIAN OF EMPLOYEES PAY RECORD <i>(Name and location)</i>		
NAME OF EVACUATED INSTALLATION	LOCATION OF EVACUATED INSTALLATION	DATE OF EVACUATION	

**GROSS COMPENSATION, ALLOWANCES, AND DIFFERENTIALS AND AUTHORIZED DEDUCTIONS AND ALLOTMENTS AS OF DATE OF EVACUATION ORDER.**PAY PERIOD: ☐ BIWEEKLY ☐ WEEKLY ☐ OTHER *(Specify)* \_\_\_\_\_

	AMOUNT	X X X X X X X X X X	AMOUNT	X X X X X X X X X X	AMOUNT
Base Pay	\$	Federal Tax	\$	Allotment <i>(Emergency)</i>	\$
Other Entitlement	\$	Health Benefits	\$	Other Deduction	\$
Other Entitlement	\$	Life Insurance	\$	Other Deduction	\$
Civil Service Retirement	\$				

HOURS OF ACCRUED ANNUAL LEAVE	HOURS OF ACCRUED SICK LEAVE	DATE
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LAST PAYMENTS MADE TO EMPLOYEE OR FOR HIS ACCOUNT	DATE THROUGH	AMOUNT	DATE PAID
Compensation, Allowances and Differentials		\$	
Advance Payment		\$	
Travel Advance		\$	
Other		\$	

NAME OF FAMILY MEMBERS <i>(and authorized representative)</i>	AGE	RELATIONSHIP TO EMPLOYEE

NAME OF CIVILIAN PAYROLL CERTIFYING OFFICER	SIGNATURE	DATE
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